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CURRENT CORRESPONDENC	F	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
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Nields, Lemack & 176 E. Main Street Suite #5		APR 0	6 2009 L	hereby certify that the lates Postal Service valdressed to the Mail	is Fee(s) vith suffi Stop 1	of Mailing or Transn) Transmittal is being icient postage for first SSUE FEE address a	deposited with the Unite class mail in an envelop above, or being facsimil	d e e
Westborough, MA	<i>₽</i>	transmitted to the USPTO (\$71) 273-2885, on the Kevin S. Lemack			(Depositor's name	7		
04/07/2009 SSITHIB2	000000000 10000000	ADEALIST KEVIN		b. / Bellidek		(Signature)		
01 FC:1501 1510 00 00				April 1	200	9	(Date)
02 FC#1504 APPLICATION NO.	FILING DA 3120.00 (P		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	Ī
10/823,299	04/13/2004		Michael O. Rocheleau		MT-136		4771	ر
CITLE OF INVENTION: S 03 FC:8001	TEP AIR FOIL							
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EXAMINER		ART UNIT	CLASS-SUBCLASS	_]				
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. Change of correspondenc CFR 1.363).	e address or indication	n of "Fee Address" (37		e patent front page, lis		Nields,	Lemack & Fram	ıe
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.								
3. ASSIGNEE NAME AND			**	** '	· · · · · · · · · · · · · · · · · · ·			_
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identi n 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NC	e data will appear on the DT a substitute for filing	patent. If an assign an assignment.	ee is ide	entified below, the do	cument has been filed for	r
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
MegTec Syste	ems, Inc.	DePere, Wisconsin						
Please check the appropriate	e assignee category or	categories (will not be p	printed on the patent):	☐ Individual 【☐ Co	orporatio	on or other private grou	up entity Governmen	ıt
ła. The following fee(s) are	submitted:	4	b. Payment of Fee(s): (P	• • • •	ny previ	ously paid issue fee s	hown above)	
X Issue Fee X Publication Fee (No small entity discount permitted)			A check is enclosed. Payment by credit card. Form PTO-2038 is attached.					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-0930 (enclose an extra copy of this form).					
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 Change in Entity Status a. Applicant claims S 			☐ b. Applicant is no l	onger claiming SMAI	II FNT	ITV status See 37 CF	R 1 27(g)(2)	
NOTE: The Issue Fee and P	ublication Fee (if requ	uired) will not be accepte	ed from anyone other tha					n
Authorized Signature	100			Date	Apri	11 1, 2009		-
Typed or printed name Kevin S. Lemack				Registration N	lo	32,579		
This collection of information application. Confidential submitting the completed a his form and/or suggestion. Box 1450, Alexandria, Virgalexandria, Virginia 22313.	ity is governed by 35 pplication form to the s for reducing this but inia 22313-1450. DC-1450.	U.S.C. 122 and 37 CFR USPTO. Time will var den, should be sent to to NOT SEND FEES OR	t 1.14. This collection is y depending upon the in he Chief Information Off COMPLETED FORMS	estimated to take 12 n dividual case. Any co icer, U.S. Patent and TO THIS ADDRESS	minutes omments Tradema S. SEND	to complete, including on the amount of tim ark Office, U.S. Depaid TO: Commissioner for	g gathering, preparing, and eyou require to complet the things of Commerce, P.Cor Patents, P.O. Box 1450	d